

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|----|----------|-----|---------------------|-----|---------------------|-----|
| | IND | DEP | IND | DEP | IND | DEP |
| 1 | 1 | | | | | |
| 2 | 1 | | | | | |
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TOTAL IND.

2

TOTAL DEP.

9

TOTAL CLAIMS

11

TOTAL IND.

2

TOTAL DEP.

9

TOTAL CLAIMS

11